

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/486516**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		3				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
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18		①				
19		①				
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22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1				
52								
53								
54				1				
55				1				
56				1				
57				1				
58				1				
59				1				
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70			1					
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94								
95								
96								
97								
98								
99								
100								
TOTAL IND.				3				
TOTAL DEP.				19				
TOTAL CLAIMS				22				